**HAWAII STATE ETHICS COMMISSION**

1001 BISHOP STREET, HONOLULU, HAWAII 96813

or P.O. BOX 616, HONOLULU, HAWAII 96809

TEL: (808) 587-0460 FAX: (808) 587-0470

email: ethics@hawaiiethics.orgWeb site: www.hawaii.gov/ethics

THIS SPACE FOR OFFICE USE ONLY

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NOTE: This is a public document.

LOBBYIST REGISTRATION FORM STATE OF HAWAII
STATE ETHICS COMMISSION
(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Richardson	Frank	P	808-432-5408
MAILING ADDRESS (Street)			FAX 808-432-5906
711 Kapiolani Blvd			EMAIL frank.p.richardson@kp.org
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
			EMAIL
(City)	(State)	(Zip Code)	

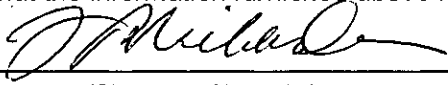
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Kaiser Foundation Health Plan, Inc		808-432-5241
MAILING ADDRESS (Street)		FAX 808-432-5906
711 Kapiolani Blvd		EMAIL
(City)	(State)	(Zip Code)
Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Phyllis Dendle		808-432-5210
MAILING ADDRESS (Street)		FAX 808-432-5906
711 Kapiolani Blvd		EMAIL phyllis.dendle@kp.org
(City)	(State)	(Zip Code)
Honolulu	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input checked="" type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

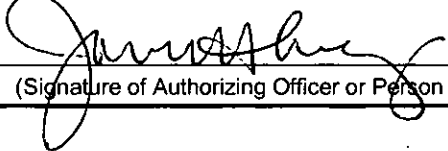
1/4/2013

(Date)

PART V AUTHORIZATION TO LOBBY

NAME Janet A. Liang		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED Regional President	
NAME OF ORGANIZATION (if applicable) Kaiser Foundation Health Plan, Inc.		TELEPHONE 808-432-5805	
MAILING ADDRESS (Street) 2828 Paa Street		FAX 808-432-5867	
		EMAIL janet.a.liang@kp.org	
(City) Honolulu	(State) HI	(Zip Code) 96819	

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.



(Signature of Authorizing Officer or Person Represented)

1/4/2013

(Date)